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EDITORIAL COMMENT



THE NURSE PHARISEE

IN our last JOURNAL we made mention in a general way of certain obstacles that seem to be in the path of progress, and we reserved until the last what we consider to be the most serious of them all—the nurse Pharisee.

In the news department of the JOURNAL from month to month, and in the various *alumnæ* magazines, are reported the appointment of graduates from our leading schools as superintendents of hospitals or as heads of departments in institutions all over the country. Some of these women we never hear of again after the appointment is announced, although they remain in hospital positions. Others come more and more to the front in all lines of progressive work that have to do with hospitals and nurses. They are the leaders in thought and in service, in organization, in state registration, in philanthropic movements of all kinds. In many instances their reputation is more than local. The other group of women, perhaps with educational opportunities, both preliminary and professional, of the very highest, with far greater opportunity, content themselves with performing the duties which are confined to the four walls of the hospital with which they are connected, and for which they are paid. Their attitude toward all nursing interests outside their daily round is one of indifference if not of superiority. They seem to thank God that they are not as others. They fail to appreciate that with greater knowledge comes greater obligation of service to others.

It is often the woman of limited education and moderate equipment who, by reason of her keen interest and warm heart, leaves a trail of progress, inspiration, and enthusiasm wherever she goes.

Those women who, now in increasing numbers, go into new fields and fail to meet their professional obligations, are among our most stubborn

problems. Not only are the hospital and the community losers, but they are turning out, year after year, classes of the same kind of nurses as themselves, ignorant of the tremendous problems of the nursing world, interested only in their personal work and its remuneration. It is only when such a pupil gets pushed out into the world that she wakes up to an interest in the things that should have been made familiar to her while in training. To graduate pupils without public spirit or interest in public affairs is as injurious as to graduate them without a knowledge of the infectious nature of tuberculosis.

The only way that suggests itself to us for getting this type of superintendent out of her narrow circle is in the organization of local superintendents' societies, which such women will be almost compelled to join, because of public sentiment, and so come in touch with their fellow workers. That such local associations prove an inspiration is being demonstrated in many places, but even these will not reach them all, and the responsibility goes back to the heads of the large schools in which the majority of the women who go into executive work are trained.

ANOTHER TYPE

In contrast to the type of woman above described, no better example could be found of the nobler type than is presented in the little sketch of Lillian G. Light in our official department. Here was a woman with no higher equipment, no greater opportunities than most of us have, who lived her life quietly, yet fulfilled her obligations as a woman, a nurse, and a citizen. She was little known to the nursing world in general, even her closest friends did not realize the extent of her efforts, but after her death we find a whole city rising to call her blessed and to honor her memory by a fitting memorial. No death reported in our columns has brought to our office a greater number of voluntary and heart-felt tributes.

With the exception of two short services as night superintendent, Miss Light's nursing career was that of a private nurse in her home town. Yet she did not feel herself limited to narrow bounds, and when an epidemic of smallpox occurred, she volunteered to care for the 130 patients in the Municipal Hospital and brought them safely through. When she saw the need of district nursing, she did what she could as an individual to care for the poor, and went to work single-handed to interest the Woman's Club to establish a visiting nurse association.

We often hear that private duty nurses have no time for anything aside from their own work—here was one who made herself so thoroughly

a part of her community that throngs of its citizens, from the highest in position to the mill hand and factory worker, came to mourn at her burial. We hear that nurses fall behind in professional knowledge—here was one well able to take the lead in new branches of work because she kept herself in touch with what was being done by others. We hear of those who refuse hard cases—here was one who sought out the sick poor, who went wherever she was called, who gave her life in her effort to care for an insane immigrant woman, and who, even after her fatal injury, responded to one more call to some one in need.

When we hear criticism of the selfish mercenary spirit of the modern nurse, let us recall the name of Lillian G. Light and take courage. She is not alone, there are many others.

MEMBERSHIP IN THE ASSOCIATED ALUMNÆ

THE committee on reorganization has asked us to emphasize at this time the importance of a very careful consideration, on the part of organizations sending delegates to the June meetings, of the membership qualifications found in this number and which will be sent in outline to all the associations before the convention. Of course this is only one of the important phases of the reorganization plan, but it suggests such vital changes all over the country that it is important, for its intelligent discussion at the national meeting, that the local associations should thoroughly understand it.

Those women whose work has taken them about the country, so that they have become familiar with conditions as they exist in different sections, have reached the conclusion that while some alumnae associations are alive and very active, the great majority of them seem to be in a state of inertia and indifference, and this seems to be the natural result of monotony, from lack of coming in touch with new people and new interests. The really progressive work is being done in those communities where nurses of all schools are united in one central organization; whether it is called a graduate nurses' club, or a city or county association, the results are practically the same.

The reorganization committee has followed the lines of organization that the American Medical Association has adopted after fifty years of experience in organization life, in recommending a form of membership by counties having individual membership. This doesn't imply that alumnae associations should be disbanded; they would still have a very important purpose in looking after sick members and in maintaining a friendly spirit between old and young graduates, but for public service

and for national and state membership, though they have served their purpose in their day, nursing seems to have outgrown their boundaries.

Membership by counties seems also to be the only way in which we can get down to a uniform plan of membership with uniform dues and representation.

The next vital question in the reorganization plan is that of JOURNAL ownership. The Associated Alumnae now owns 73 shares of JOURNAL stock, other associations 24, and individuals 3. The individuals and associations now holding stock are ready to turn over such holdings as soon as we are ready for the final transfer, but until the reorganization is completed the Associated Alumnae cannot own the JOURNAL. At the present time the Association controls the JOURNAL absolutely, but does not legally own it and is not legally responsible for its proceedings. While this does not jeopardize the welfare of the JOURNAL at all, it is unsatisfactory and somewhat embarrassing for those who are doing the work and carrying the burden of it. So little effort is required now, from a financial standpoint, to make the transfer, we are asked to urge again that such completion of the reorganization plans may be decided upon as will make possible the complete transfer during the coming year.

No special group of people is pushing this reorganization; the need of it is universally agreed upon,—it is not being urged by one group of members more than another. The recommendations of the committee are the result of very careful study and advice with expert council, and it is hoped that the delegates will come to the convention familiar with the plans and ready to speak the sentiment of the associations they represent, so that some definite conclusion may be reached at this next meeting.

Reconstructing the By-Laws, with even unimportant changes, means an immense amount of hard work for one or two people and considerable expense for printing. Unless some radical changes can be made it would, in our judgment, seem best to go along as we are until all can agree upon a broader plan.

PROGRESS OF STATE REGISTRATION

OREGON has secured the passage of a bill for state registration through both houses of the legislature, and as the nurses have been promised the Governor's signature, they feel confident that it will become a law. A copy of this bill will be published later; it contains what we consider one of the most vital requirements, a board of nurse examiners.

The Montana bill, referred to in our last number, was killed in committee.

As we go to press we are informed that the nurses of New Jersey are making a vigorous fight to kill the obnoxious medical bill.

Later reports from Wisconsin advise us that the bill which the state association is opposing was introduced, not by a physician, as we were at first wrongly informed, but by two nurses who have succeeded in concealing their identity. At the present time the committee is in the midst of legislative activity.

Perhaps one of the most encouraging reports that has come to us of the results of state registration in New York is that those schools that are not registered openly acknowledge that applicants applying for admission demand first to know whether or not the school is properly registered, showing that the importance of the law is recognized by would-be applicants to nursing ranks.

While we endorse most cordially and emphatically the establishment of training schools in small general hospitals in isolated communities, we do not approve of the establishment of such schools in small special hospitals in large centres, where there are already good and liberally-supported general hospitals. These small hospitals are usually established either for the commercial advantage of one or a small group of physicians or as a result of a split-off from the larger institution of members of the medical profession or board of managers. Such small institutions cannot provide a variety of experience for the training of nurses, and usually they will not provide the necessary equipment. They should either employ graduates or secure nursing service by affiliation with the larger institution. The registration and recognition by state boards of such small training schools is retarding nursing progress and the more efficient care of the sick, which is the underlying principle of all our efforts.

PROGRESSIVE AND NON-PROGRESSIVE METHODS

WHEN we read such a paper as that published in this magazine on the Small Hospital, written by A. E. B., every word of which we know to be true, we feel discouraged that people in communities where new hospitals are established do not profit by the progress that has been made in other sections, but rather begin in the same old way, and that educational progress is so slow, and to the workers more discouraging than it was thirty years ago or more. Then there will come to us something from a little hospital in a new territory where the leaders seem to have taken advantage of the example of the older sections and to have established the institution upon the highest plane that has been attained.

We are personally unfamiliar with the hospital at Tulsa, Oklahoma, but we quote from the graduating address of the physician who is president of the hospital association, which shows the planting in new soil of the most progressive ideas in regard to hospitals and nurses and their relations to the community.

"This is an age of division of labor and intelligent co-operation along all large lines of successful human endeavor. The observation of the contagiousness of certain diseases; the introduction of the microscope and other numerous instruments of diagnostic and therapeutic precision; the discovery and adoption of vaccination; the revelation of anæsthesia; the establishment of the germ theory; the recognition of anti-sepsis in surgery; the Pasteur treatment for rabies; the use of antitoxin; the antitetanic serum and the timely exhibition of the proper serum in epidemic cerebrospinal meningitis; the typhoid as well as the numerous other bacterins for the purpose of establishing artificial active immunity in many surgical affections, such as carbuncles, etc., point to the practical use of many great life-saving measures.

"The propagation of known laws of hygiene and the application of sanitary measures prolong and sweeten life as well as make our very existence possible under the modern complex civilization.

"A properly conducted hospital is the medical and surgical clearing house of the community. It not only aids the strong but helps the weak. Preventive medicine and sociological conditions demand hospitals, not only to care for the sick, but to properly train those charged with the great responsibility of ministering to the afflicted after they have left the institution. Health is an asset of such vital value that all possible effort should be directed toward preventive medicine and the education of the public. A good hospital and training school teach by precept and example the principles of heredity and hygiene, thereby creating a wholesome respect for a world-wide upward movement through the diffusion of correct information.

"The health, hope, and happiness of the future of our country are inseparably interwoven with anæsthesia, bacteriology, and the training school for nurses."

REMUNERATION FOR DISTRICT NURSES

WE have used the argument, in these pages and more frequently still in our private correspondence, that one reason it is so difficult to get nurses for the different departments of social work is that they are not sufficiently well paid, our contention being that \$50 or \$60 a month,

without living expenses, is not sufficient or reasonable compensation for women who not only do the hard practical work of this kind of philanthropy, but who to a certain extent risk their lives in its accomplishment.

One of our correspondents, who has been in this work for some time, takes exception to our attitude and brings forward the following facts in support of her argument that nurses should commence district work on a smaller salary. Because we wish to have all sides of this question presented through our JOURNAL, we gladly give space to the point of view of this nurse. She says:

"I have been doing district work for five years now and three years of that time has been in tuberculosis; but I am quite sure I was not worth more than \$25 a month when I began. Now with the experience I have had in creating and organizing the work and directing all the philanthropic work here, I can practically name my salary, not only here but anywhere, for many positions have been offered me in the past few months. To offer any nurse without experience in district work a salary of \$100 would not be right or just to those who have spent years in the work and whose salaries will increase as time goes on. If the nurses would come into the work, after a year's experience they would find they would not have to wait long for the increased salary. Besides, it is satisfying work, yet all nurses are not fitted for it. That is why a year's work, to my mind, seems necessary.

"I still hope that in some way the nurses may realize the importance and necessity, to say nothing of the happiness, that is waiting for them in district work."

TALKS TO COLLEGE WOMEN

WE have been asked to call attention through our pages to the opportunities which are presenting themselves for interesting college women in nursing as a profession, since the broadening out of social service work in its various branches. The courses in economics, in charities and corrections, and kindred subjects are attracting great numbers of college students, and they are more and more seeking for occupation in some form of public service and are turning less to teaching as the natural calling for a well-educated woman.

The custom prevails in all colleges of inviting men and women engaged in special occupations to address the students and tell them at first hand of the opportunities open to them as they complete their courses. The position of private nurse, and even that of executive hospital work has not appealed very strongly to the average college woman of the past,

but all the varieties of district and social-service nursing are in line with their desires and aspirations, and speakers on such subjects are constantly in demand. Miss Wald has more requests of this kind than she can possibly meet, Miss Foley has just been called from Chicago to Northampton to address the Smith students, and others have used the opportunities that have come to them to get into touch with student interests. In Minnesota and South Dakota, as well as in New York City, courses in nursing are a part of university curricula.

It seems to us that advantage should be taken of the awakened interest in our own work, and that provision should be made for furnishing a speaker when one is desired, so that no opportunity need be lost. If the inter-state secretary's work is continued another year, why might she not add the college work to her engagements, whenever it can be brought about in the course of her itineraries? Nurses in localities where there are women's colleges, and where the inter-state secretary is to come, might try to arrange in advance for her to speak. We have long since advocated sending speakers to high school classes, but those students are too young, and their decision as to their calling too far in the future, to have practicable results recognized.

INNOVATIONS

A NURSE in Canada has invented a folding rack to be used with a wash boiler in home sterilization, which would be very useful, we think, for nurses doing much surgical and obstetrical work in out-of-town practice. This device is illustrated and described in *The Canadian Nurse* for March.

Another nurse, in New York, has invented a paper sanitary napkin, a sample of which we have seen, which seems to be very soft and absorbent. Its special merit is that it can be detached from the narrow strip of cloth which runs through its centre and thrown into a water closet bowl, without danger to the plumbing. This should be a boon to both travellers and patients.

Two courses in anæsthesia are announced simultaneously in the pages of the official department this month. At St. Luke's Hospital, New York, pupil nurses are to be trained and a nurse anæsthetist regularly employed. At the Post-Graduate Hospital, in the same city, graduates of the school may come in for a six months' course of training in anæsthesia. We earnestly hope that we may soon hear that some one of the large hospitals has established a course open to all nurses who wish to take it, and who have had the proper previous training.